

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90023 041 ***150.00

DOCUMENT # F98000004633

1. Entity Name
BORN INFORMATION SERVICES, INC.

Principal Place of Business

301 CARLSON PARKWAY, #400
 MINNETONKA MN 55305

Mailing Address

301 CARLSON PARKWAY, #400
 MINNETONKA MN 55305

2. Principal Place of Business

301 Carlson Parkway
 Suite, Apt. #, etc.
 #400

City & State
 Minnetonka, MN

Zip
 55305

Country

3. Mailing Address

301 Carlson Parkway
 Suite, Apt. #, etc.
 #400

City & State
 Minnetonka, MN

Zip

55305

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **41-1674083**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	BORN, RICHARD A	
STREET ADDRESS	301 CARLSON PARKWAY	
CITY-ST-ZIP	MINNETONKA MN 55305	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLMGREN, DALE R	
STREET ADDRESS	301 CARLSON PARKWAY	
CITY-ST-ZIP	MINNETONKA MN 55305	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BERG, DON	
STREET ADDRESS	301 CARLSON PARKWAY	
CITY-ST-ZIP	MINNETONKA MN 55305	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORIN, TOM	
STREET ADDRESS	301 CARLSON PARKWAY	
CITY-ST-ZIP	MINNETONKA MN 55305	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEWING, MERLIN	
STREET ADDRESS	301 CARLSON PARKWAY	
CITY-ST-ZIP	MINNETONKA MN 55305	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWOLBACH, JERRY	
STREET ADDRESS	301 CARLSON PARKWAY	
CITY-ST-ZIP	MINNETONKA MN 55305	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Moseley	
STREET ADDRESS	301 Carlson Parkway	
CITY-ST-ZIP	Minnetonka, MN 55305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/02 952 258 6000
 Date Daytime Phone #

CR2E034 (4/02)



301 Carlson Parkway
Minnetonka, MN 55305

www.born.com

phone 952.258.6000

fax 952.258.6001

Attachment

*# F98000004633
119908*

July 3, 2002
Florida Department of State Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Florida Department of State Division of Corporations:

The 2002 Uniform Business Report that BORN Information Services, Inc. received in the mail on July 2, 2002 is the first and only 2002 Uniform Business Report that we have received. Please note and update your records with our suite number (#400) and zip code of 55305. Because of this and as referenced in the "Frequently Asked Questions" area in the report instructions, we are submitting the original \$150.00 filing fee. Thank you for your consideration.

Don Berg
Chief Financial Officer

Opportunity
Fun